



NAME OF COURSE(S): _____

COURSE DATE(S): _____

FIRST NAME: _____ LAST NAME: _____

COMPANY NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

EMAIL: _____

CONFIRMATION WILL BE EMAILED TO THE ADDRESS PROVIDED ONCE REGISTRATION IS RECEIVED
PLEASE SET YOUR EMAIL ACCOUNT TO ACCEPT EMAILS FROM guta@monroega.gov

ALL COURSES BEGIN AT 8:30 A.M. UNLESS OTHERWISE NOTED

REGISTER BY MAIL

MAIL FORM WITH CHECK ENCLOSED TO THE FOLLOWING ADDRESS

GEORGIA UTILITY TRAINING ACADEMY
2200 GA HWY 83
MONROE, GA 30655

MAKE CHECKS PAYABLE TO: **GEORGIA UTILITY TRAINING ACADEMY**

COURSE FEE: _____ AMOUNT ENCLOSED: _____

CANCELLATION POLICY

YOU MUST CANCEL BY PHONE OR EMAIL NO LESS THAN TWO WEEKS PRIOR TO THE COURSE
DATE IN ORDER TO REFUND OR RESCHEDULE YOUR CLASS REGISTRATION. A SUBSTITUTE MAY
ATTEND THE REGISTERED COURSE IN YOUR PLACE.